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QUACKERY, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—Excepting a few clauses relating to local matters, the following is what was recently delivered before the Shelburne Falls Lyceum, on the question, whether the regular system of practice or the Thomsonian is the best. Possibly you may think it will prove interesting, if not useful, to some of the readers of your Journal. The statistical evidence referred to is from a paper by Samuel Cartwright, M.D., of Natchez, and may be found in Vol. I., New Series, of the American Journal of the Medical Sciences. As to my own experience in relation to Thomsonism, also referred to in the following article, it is not yet *recorded*.

Ashfield, March, 1846. C. KNOWLTON.

MR. PRESIDENT, AND LADIES AND GENTLEMEN,—In my effort this evening to convince you that the regular system of medicine is better than Thomsonism, I shall first glance at some of the difficulties and disadvantages under which I must labor in making this effort before a popular assembly. Having thus in some measure prepared the way, I shall proceed to offer such views of the two systems, including their practitioners, as I believe to be correct. I intend, also, to read what little statistical evidence I am in possession of, against Thomsonism, and to relate what has fallen under my own observation in relation to it.

The subject before us is certainly one of vital importance to every individual in the community, and one that ought to be discussed in a candid and impartial manner. For my own part, I feel willing to admit the imperfections and inefficiency of the regular system, and of its practitioners, to their true extent; and I hope that you are all willing to lay aside all prejudices, and hold yourselves open and free to receive the truth, let it come from what quarter it may.

Although the science of medicine is founded on many well-established facts, still there is much in the *practice* of medicine that partakes of the nature of uncertainty. The object of this practice is to cure diseases; but, setting aside surgical cases, nearly all important diseases consist in an internal something beyond the direct cognizance of our senses. We cannot look into the human system to see what is going on there—we are left to *judge* by the signs or symptoms which the disease puts forth. But it requires great knowledge of the animal economy and of the various diseases to which it is subject, to do even this with any tolerable de-

gree of success; for it is unfortunately the case that scarcely one of the long catalogue of internal maladies which "flesh is heir to," invariably puts forth any one symptom or set of symptoms by which its existence may always be known. Nor is this all that tends to render it difficult to form a correct opinion of the seat and nature of our diseases. The structure of the human system is so complex, and there exists between its many parts such relations and sympathies, that when one part is out of order, more or less of the other parts are sure to suffer, and it is often the case that these parts, thus secondarily affected, present far more distressing and prominent symptoms than the part which is the prime seat of the mischief; and hence those practitioners who are not well acquainted with all these parts, and their physical, functional and sympathetic relations to each other, are liable to be deceived, and think, perhaps, that their patient labors under consumption, for instance, when it is but a case of disordered liver, or that he presents a case of dropsy of the head, when it is only disordered bowels, and so on. And more than all this, some diseases which are very different in their nature, and require not only different but *opposite* modes of treatment, sometimes present symptoms so very similar that they cannot be correctly diagnosticated except by physicians who possess that tact which can be acquired only by much reading and well-directed experience. And thus it is that a Thomsonian, or an incompetent M.D. (and of course the people around), may honestly believe that he has cured a case of consumption, or of peritonitis, when in fact, the former was only a case of bronchitis, and the latter a case of hysteria. You perceive, then, that it must be extremely difficult for people who are unacquainted with the science of medicine to decide correctly, from their own personal observation, what mode of practice is on the whole the best, or who is the best doctor. They may see the physician deal out his medicines, knowing what they are, and may observe that the patient gets well; but they cannot see the internal disease of the patient; and hence, although the patient may appear to be very sick, they cannot know that his disease is of a fatal tendency, or difficult to cure. They may, indeed, be told by the physician that it is so; but both the knowledge and the honesty of the physician are to be considered. He may be mistaken, and if he be anything short of a regular and well-read physician, it is far more probable that he is mistaken than that he is correct.

I was about to say that it is the easiest thing in the world for the people to be deceived in relation to the competency of physicians and their modes of treatment; but I shou'd be nearer the truth were I to say, that at the present day it is one of the most difficult things in the world for them to be, and to remain, *undeceived*. They may observe that in one season all the cases of scarlatina, or dysenteria, or erysipelas, under the care of Dr. Lobelia, get well; and at another time, all the cases of these diseases under the care of Dr. Calomel, terminate fatally. Yet this does not *prove* that Dr. Lobelia is a better physician, on the whole, or even in these diseases, than Dr. Calomel; for at one time these diseases may be mere flea-bites, while at another they may be as deadly as the plague. They may observe that at the same time and in the same village, it is

said that Dr. L. and Dr. C. are both having cases of fever, and that those of L. recover, while those of C. do not. But this does not *prove* that L. is better than C., even in fevers. The cases of L. may be mere bilious or stomach derangements, which often so resemble the commencement of a fever that neither the patient, his friends, or the physician—unless far more able in diagnosis than any irregular practitioner that I ever knew—can tell the difference. Perhaps if these patients of Dr. L. had first called on Dr. C., a few grains of medicine from his pocket would have put them about their business the next day, instead of their being confined for weeks under Dr. L.'s treatment. All things worthy of the name of medicinal agents, produce some change in the animal system—they excite an action, for it is impossible to conceive of change without action; and the action excited by a medicine is *never* exactly a healthy action, be it excited by cayenne, lobelia, alcohol, mercury, or any other drug. But it seems to be a law of the animal economy, that no two diseased actions can exist in the same part at the same time, any more than a man can travel east and west at the same time; and remedies cure diseases by setting up a diseased action of their own, which kicks, as it were, the former occupant out of doors, and then dies of itself, because it is not kept up by a repetition of the medicine; and thus a chance is given for the healthy actions to arise (by virtue of the inherent powers or tendencies of the system), and pursue their usual course. But Dr. Lobelia may be some incompetent M.D., or he may be a Thomsonian, and consequently unable to distinguish between the primary diseased action, and the one excited by his remedies. Of course he does not know when to leave off his remedies. It is money in his pocket to continue them; he has faith in them; he thinks it is safest and best to be sure and give enough, and so he goes on dosing and fussing, day after day and week after week, until the time at length arrives when, as every body knows, a fever ought to begin to get better if it is ever going to do so; he consequently now begins to hold up a little, and thus the patient is permitted to get well. And thus the rumor goes that Dr. L. has had a case of fever, and cured it, too, when in truth it ought to be called a case of *lucky escape.*

Bear in mind, then, that it is next to impossible for people in general to form any correct estimate of any mode of medical practice from what falls under their own observation. Nor can you be sure that any physician or his mode of practice is entitled to confidence from the fact that he has an extensive ride and is highly spoken of by many. Most people do not make a proper distinction between the man and the physician, and if the *man* be agreeable in his ways and appearance, he is very likely to be highly spoken of by many as a physician, although his medical talents may be quite ordinary. It is not unfrequently the case that the most consummate quack carries all before him for a time; and yet all the while his cases of cures bear but a very small proportion to his cases of failure. A man may possess and exercise a great deal of cunning and craft in relation to all the ordinary affairs of life, and yet not be a skilful practitioner. Indeed, the practitioners of medicine may be divid-

ed into two classes, with respect to their methods of obtaining the confidence and patronage of the community. The one class rely mainly on merit. Their great aim and effort is to *merit* confidence. On this they are willing to stand or fall. They feel the ability is within them, and that in time it must become apparent. They have neither taste nor tact for management. The other class are all *management*. They study this more than anything else. Their motto is, "The business of a physician does not depend on what he really is, but on what the people *think* he is;" and it is a true motto. It is not their great aim to *merit* patronage, but to *get* it. They always keep one eye out for the *popular*, and are ever ready to join a popular cause or clamor, be it right or wrong; and yet, under certain circumstances, they have no mind of their own, but are all things to all men. They belong to this party, or to that, or to no party at all, according to the state of parties in their place of residence. They are much given to "scraping acquaintances," and when not among their patients you will find them in places of public resort, or holding long yarns in the corners of the streets, with any one they may chance to meet. [If they be Thomsonians—besides what is related of their management in other parts of this discourse*—their great aim and effort is, to destroy the confidence of the people in the regular profession. To accomplish this, they resort to means the most wicked and contemptible. They ransack the libraries of the regular profession in search of such passages in their medical authors as comprise acknowledgments of the past and present imperfections and errors of the science and practice of medicine; such as speak of the evil effects and abuses of the lancet and other potent remedial agents in certain cases; and especially do they select from our Dispensatories what is said under the toxicological head of the effects of mercury, opium, antimony, arsenic, &c., when taken in excessive or poisonous doses, leaving out all that is said of their *medicinal* properties and uses; and having collected together all these passages, as well as all the recorded slangs and slurs that have jocosely or seriously fell from the lips of prominent men against the profession; and all the commendations of Thomsonism which could be flattered from a Waterhouse in his dotage, or from other incompetent, unsuccessful, disaffected, and broken-down M.D.s, or gathered from distant empirics, dubbed with the appellation of Doctor, they embody them all in a book, together with a goodly proportion of slang and falsehood from the ignorant and interested compiler, and cause it to be circulated among the people. And not content with all this, some of the dupes and understrappers of the system will take this book and read from it, before Lyceums and other popular assemblies, all these isolated and garbled passages relative to the abuses of certain important remedies, and their effects on the animal system (the lower animals, and not man, often being the ones in which the effects have been witnessed) when taken in excessive or poisonous doses; and then these readers, some of whom know not the meaning of *cataplasm*, and cannot rightly pronounce the word, exclaim, "These are the

* What is here included in brackets is added to the discourse since it was delivered at the Lyceum.

effects of the remedies on which the regulars rely for curing disease—these are the acknowledgments of the most eminent and honorable of their craft; and thus is their system condemned, even by its own professors."] They have very sick patients, partly for the purpose of pleasing the patient, but more for the purpose of performing great cures; and if they lose a patient with any disease that is generally curable, then it is apt to get the name of consumption—perhaps the "quick consumption," or of some other disease less curable than the one with which the patient actually died, or else the patient died because "the mortification set in."

Perhaps some of you may think that some of these remarks have no relation to the subject in debate, but I wish to apprise you of the various reasons why it is extremely difficult for the people to form any correct, comparative estimate of any two modes of practice, except by *statistical* evidence, derived from extensive and well-conducted experiments. Now this is a kind of evidence that cannot be brought before this audience; or at least, not such an amount of it as will prove satisfactory to all. Let a thousand cases, including all sorts of diseases, be put into a hospital, and there be treated entirely on the Thomsonian plan until all are either dead or cured; and at the same time let another thousand similar in all respects to the first be put into another hospital, and there treated on the regular plan until all are dead or cured, and we might then, perhaps, be in possession of statistical evidence that would be satisfactory to all. But no such trial has ever yet been made, and therefore in my effort to convince you of the superiority of the regular system, I must depend mainly on reason. I must *reason* with you on the subject.

But, my friends—I ask the question out of no disrespect to your general intelligence—are you prepared to reason, or be reasoned with, on this medical subject? No doubt you are prepared to receive information on the subject, but do you *already* possess this information? Pope discovers correct views of human reason, when he asks, "What can we reason, but from what we *know*."

Knowledge is the very foundation, the *sine qua non*, of all reason and all reasoning. To reason on any subject is simply to think over, in a connected order, all that we know in relation to such subject, and just in proportion to one's correct knowledge of any given subject, will be the correctness of the conclusions to which he arrives by reasoning upon it. Now have you made the human system and its numerous diseases, together with the various remedies for these diseases, your great study for years? Have you ever read understandingly even one of the thousands of thick volumes that are extant on the subject of medicine? Indeed, have you even for one short year followed both the regular and the quack, or either of them, in his daily rounds into all the nooks and corners of the town, and witnessed for yourselves the effects of his remedies? If you have done none of these things, how is it possible for you to be in a favorable condition for reasoning on the subject of medicine? Perhaps some of you may say, that you have read Thomson's book. So much the worse, for the man who is entirely ignorant is nearer the truth, than the one who has been taught to believe what is erroneous.

Here, then, is one of the difficulties to which I alluded—you have had no means of forming a correct estimate of any system of medicine; I have no statistical evidence sufficient to satisfy all of you of the superiority of the one system over the other; I am consequently left to reason with you; and yet you are not in possession of that medical knowledge which is necessary to enable you to appreciate the force and correctness of my reasoning.

I will now call your attention to what may more properly be called a *disadvantage* under which I am laboring. It consists in the deep-rooted, I may almost say the *inherent*, prejudice of the popular mind against the regular profession and its remedies—a prejudice so great that it is worthy of an attempt to account for it.

Mankind are naturally democratic. A majority have a predisposition in favor of equality; and when they see a physician charge for an hour's ride the price of a day's labor, many of them do not duly consider all his preparatory and present expenses; they do not consider that his chances of earning anything are irregular and uncertain in their occurrence; they do not consider the deep sense of responsibility and the anxiety under which he must be almost continually laboring; they do not consider the pains and woes which he must frequently witness; they do not consider his broken hours of repose, and the irregularity of his meals, and they are apt to think he charges too much—hat he gets his living easier than other folks—than *they* do, and hence some degree of prejudice against him. Again, there is something in our nature which inclines us to take sides with the weaker, or the apparently weaker, party. Of the two, we are pleased to see the little dog whip the greater. And this same something causes the people to be pleased at the success of the quack. They regard him as the little dog—sprung up on his own hook, self-made, never enjoyed the advantages of the regular physician; and to see him whip out the big M.D.s is just what pleases them. His success comes in a measure unexpected to them. It makes a strong impression on them; they long remember it, and they are much disposed to sound it abroad, and even to magnify it. Men love money, too, and Thomson comes forward and tells them that every man may be his own doctor, and thus save his money. This causes them to like Thomson, and dispose them in favor of his practice, and consequently against the regulars. But the popular prejudice against some of the principal remedies of the regular physicians is even greater than against their persons or profession; and I feel at no loss to account for this prejudice.

In the first place, no man, be be a Thomsonian practitioner or anything else, *no man*, but the physician who uses these remedies, does have, or by any possibility can have, any adequte idea of the immense good that is accomplished by them. These remedies are daily nipping diseases, as it were, in the bud, without a fuss and a noise, and rendering others so mild and of such short duration, that only the near neighbors of the patient ever knew of his being, or having been, unwell; and they soon forget it. I have not the least doubt—but I must leave it with you, my hearers, to decide whether I, or a physician of souls, or quacks, are best prepared to

judge*—I have not the least doubt but that bleeding, mercury, opium and antimony, separately or combined, save four times as many lives in these United States, every year, as are saved by all other medical means combined, and fifty times as many as would be saved if Thomsonism had the whole sway and practice. I speak not of those cases which would in time recover under mere nursing, and of course I speak not of some of our cases of idiopathic fever, for some of these cases would so recover; but I have in mind more particularly our acute, internal inflammations, nine-tenths of which would most certainly terminate fatally, sooner or later, but for these remedies. I care not how much they might be steamed and dosed by all the means and appliances of pure Thomsonism, *they would die.* I will venture to say, I *know* they would die; and yet I believe I am as much disposed to doubt, and am as cautious how I use the word *know*, as most people. But when the combined experience of all the enlightened physicians of the past and present age, and of all nations, and my own experience for years, which includes some experience in, and of, Thomsonism, all go to confirm me in this opinion, how is it possible for me to doubt?

But it is impossible for the people to be fully convinced that these remedies are thus instrumental in preserving life. They may be told by physicians that they are; but there is another class of men who assume to be far wiser than physicians in this matter, who not only tell them by word of mouth that they are not, but who issue books, pamphlets and papers, and scatter them among the people, in which they pronounce these measures of a deadly tendency. They style them *poisons*, and tax their wits to the utmost to prejudice the people against them; while the regular physicians *take no such measures* to disabuse the people, and defend themselves against the ignorant, the interested, and the vile attacks of the quacks.

The people, not being aware of the immense benefit derived from these remedies, stand prepared the more readily to be prejudiced against them by any evil which now and then they see, or think they see, arising from their use. Some of these evils stand out in bold relief, and the people are much more sure of their existence than they are of the good effects. For instance, a man has an inflammation of the bowels, takes calomel, and gets a sore mouth. Now there is not a person in all the town, except his physician, who is in any degree so sure that the calomel has cured the inflammation and saved the man's life, as all are that it has caused a tedious sore mouth. And the patient and the whole neighborhood will remember this case of sore mouth longer, and think more of it, than of forty cases of bilious, bowel, and other disorders, in children and others, which are cured by calomel before the patients become very sick.

These remedies are of course given where it is certain death without them and probable death with, and in these desperate cases they are sometimes properly pushed to an extreme; and in such cases, if the patient dies, or only partially recovers, and remains with a shattered consti-

* One of the advocates of Thomsonism was a clergyman.

tution, the people, not knowing the real grounds and merits of the case, are very liable to think that the loss of life or of health may be owing to a pernicious influence of the remedies. And here come in the quacks, and especially the Thomsonians, who, knowing that they can rise only by the fall of the physicians, undertake to make great capital out of this. They blow these slumbering prejudices and conjectures of the people into a flame. To do this, they resort to divers measures. They undertake to reason with the people, and as their medical reasoning is of course on a par with their medical knowledge, which is just about the same as that of the people in general, it is adapted to the understanding of the people, and better calculated to influence them than the correct reasoning of the learned physician.

Another disadvantage under which I am now laboring, consists in the circumstance that I myself am one of the regulars. Consequently you cannot divest yourselves of the idea that I am *personally* interested in speaking against Thomsonism, and therefore my remarks cannot have such weight with you as if uttered by some preacher of the everlasting gospel, or some other one who, to all appearance, is influenced only by motives of "pure and disinterested benevolence." But you must consider that I am influenced by a selfish motive, or I am not. If *not*, then my opinions and remarks are entitled to your confidence, so far as you may think my knowledge extends; but if self-interest *be* the prevailing motive with me, then I should have adopted the Thomsonian plan long ago, if I thought it the best. For surely it is to my interest, and it has long been my ambition, to discover and adopt the best plan of practice. There is no reason under heaven why I should not. I am bound to no party, school, or system, but am free to choose from among the whole. I am already in a measure familiar with Thomsonism—perhaps more so than any Thomsonian in these parts is with the regular system. I have read their works, and have them now in my library standing by the side of Gil Blas, Gulliver's Travels, and other tales and extravagances; and I dare say I have on hand as much lobelia, cayenne, barberry bark, and certain other roots and "yarbs," as any Thomsonian in the county. I have witnessed much of the operation of these drugs, both in my own hands, and in the hands of others, and, what is more, I have myself taken several efficient doses of them. Surely I am not sensible of any particular personal interest in this matter. I have no fears that Thomsonism will ever injure me essentially. For fifteen years I have been a constant supporter of a paper which nearly all this time was one of its greatest advocates; but I cared not a straw for this. In relation to mercury, &c., I feel as the christian does in relation to his religion, and in the language of the christian I can most heartily say, "The gates of hell shall not prevail against it." And this is probably the feeling of every physician who well understands its properties and uses; and hence one reason why they make no united and public effort to put down Thomsonism or any other form of quackery. I am not sure that one of them would ever thank me for this present effort, should it come to their knowledge. Another reason is, they are not sensible that quackery has any tendency, on

the whole, to diminish their business. And yet a physician cannot say a word against quackery but the people are ready to think, if they do not exclaim, "Just as might be expected, for you are *interested*." It might be well for them to consider for a moment, whether in the matter of interest the boot may not be upon the other leg. Let them consider that it may be the Thomsonian who is interested in condemning the regular practice. Let them consider that it is ten fold—yes, twenty fold easier for the regular to become a good Thomsonian (if there is any good about it), than it is for a Thomsonian to become a tolerable regular; and that the Thomsonian can do nothing without first destroying confidence in the regular, while every good regular, once established, always does, and always will have business enough, though Thomsonians should become as thick as mosquetoes in Arkansas.

I come now to speak more directly of Thomsonism; but time will not permit me to say much under this head. The question before us cannot be fully discussed in one evening, and my views of the way and manner in which opinions are formed and changed, are such as to forbid me to expect that I shall convert a single friend of Thomsonism to the regular system, this evening. Let a man wholly ignorant of medicine peruse the publications of the Thomsonians, and he will certainly be Thomsonian in his views and feelings. And then, after hearing or reading an equal amount of talk and argument on the other side, he will only be in a state of uncertainty, doubt, or neutrality of opinion. But let him become thoroughly acquainted with both systems—with all the plagiarisms, craftiness, and *dishonesty* of the writers and practitioners of the two systems, and I doubt not that he will regard that of Thomsonism, taken in all its parts, bearing and influences, not merely as an innocent and inefficient system, but as one great system of *fraud*, originating in ignorance, and pushed onward by the meanness, deception, falsehood and craftiness of its writers and practitioners; and of a deadly tendency.*

Here is their leading work—or at least one of them. It is entitled *Thomson's Materia Medica and Anatomy*. But what is it but a plagiarism, a *theft*? Take from it what has been copied into it, word for word, and plate for plate, from Wilson's Anatomy and other works of the regular profession, including those on botany—*copied too without giving credit, or even the mark of quotation*, and what little remains is of no great consequence in any point of view. Are you prepared to give countenance to a system which does and *must* resort to such meanness and deception as this?

I am wrong, however, in saying that this work contains nothing of much consequence *in any point of view*, except what is copied from the works of the regular profession. It contains many deceptive representations, of a fatal tendency, as they tend to destroy the confidence of the people in the regular profession, and to place undue reliance on Thomsonian treatment. Much that is found under the head of "*History of*

* This "deadly tendency" of the Thomsonian *system* does not so much consist in any direct effect of their mere *practice*, as in destroying the confidence of the people in the regular profession, and thus leading many to dabble with Thomsonian practitioners, or at least their measures, until the best, perhaps the only, period for giving their disease a favorable turn, is past and gone forever.

Dr. Samuel Thomson's Efforts," &c., commencing on page 493, is of this tendency. Yet when the cases there given are critically examined by a physician, he finds that no reliance can be placed on them, and consequently that they *prove* nothing in favor of Thomsonism. He finds that Thomson there tells of curing many cases of *consumption*. At one time "five desperate cases of consumption," all in a heap, in the town of Eastport, Me.—all relieved in three weeks, and all living twenty years afterwards!—(See page 549.) The symptoms of none of the consumptive or other cases are given, so as to enable us to judge of their nature or severity. He sometimes says, the case was given over by the physicians. This is a sort of "trick in trade," often resorted to by the quacks with which I happen to be acquainted. It is many times like this:—A season comes in which a physician has as many acute cases on his hands as he can possibly attend to; he neglects his chronic and less urgent cases; they become disaffected and impatient in waiting for their physician, and finally send off for some noted quack, who reports that the case was given over as incurable. In most of Thomson's cases here alluded to, with all his evident disposition to present the bright side of the picture, he only tells us that he treated them with "success," while in some of the cases we find that this "success" means *a little better*, at least for a short time. It formerly fell to my lot to witness considerable of this kind of "success," when an old case was put through a course of Thomsonian stimulation by a new *Doctor*, of whom the patient had heard great stories, and in whom he had great faith. It lasts about the same length of time that it requires for white birch poles to rot, according to one Bartlett, who used to live in Ashfield, and was asthmatic. "Here," said he to priest Shepherd one day, "here is where I broke my wind, running with white birch poles from the hill yonder, to get them upon this fence before they were rotten!"

Here the question naturally arises, *What is Thomsonism?* And it is important to have this matter settled, for I have not come down here to contend against any part of the regular system. It is *Thomsonism*, and not a mixture of this and the regular system that you are to take into consideration in your decision this evening. The great bulk of this book *(Thomson's Mat. Med. and Anat.)* is not, by any means, any part or parcel of Thomsonism. Thomsonism cannot with the least shadow of propriety claim anything that was known and practised by the regular profession, and recorded in their books, before the time of Samuel Thomson, of Alstead, N. H. And if, since that time, the regulars have made any discoveries in their science, and those calling themselves Thomsonians have adopted these discoveries, still they constitute no part of pure and legitimate Thomsonism.

The true extent and meaning of *Thomsonism*, aside from all its deceptions, mischiefs, &c., may be defined in a few words. Its theory consists in three false ideas, that heat is life, that all disease is a unit, and that this unit consists in a loss of the natural, healthy distribution or equilibrium of the heat; while its practice consists in giving stimulants, steaming, and vomiting with lobelia, all under one head or course. It is the *union*

of these three things, and the nature of the emetic drug used, that constitutes the Thomsonism of the practice. Emetics, steam and stimulants, even the same stimulants, were known and used long before the time of Thomson. Thomsonism condemns bleeding, all minerals, opium, and nearly all other vegetable products that ever found their way into an apothecary's shop, and also all cathartics and laxatives by the mouth; *and it does not include enemas or injections*, for these were long known, and used before the calamity of Thomson's birth! *It includes nothing, and it is entitled to nothing, of the least beneficial consequence*, more than I have now stated.

That this Thomsonian *course* (I do not mean the *system*, with all its evil tendencies) may be beneficial in a very small proportion of the cases that arise (if not pushed too far), I am very ready to admit. It may, like other things, break up some colds, and possibly some fevers of a remittent type, and limber out some old cases of rheumatism. And in some cases of disordered stomach the emetic, without the steaming, may be beneficial; but no emetic ought to be often repeated in stomach complaints. You must bear in mind, however, that Thomsonism is not entitled to any credit, so far as mere puking helps their patients, unless there is a *pecutiar* benefit derived from the nature of the emetic which they use; for patients were puked enough, in all conscience, centuries ago.

Now after using all kinds of emetics for years, I have come to the conclusion, that in a great majority of the cases requiring an emetic, there is no peculiar advantage in lobelia; but there is certainly one great disadvantage in it. I allude to the well-known, alarming, and death-like prostration to which its narcotic property is liable to give rise. Lobelia is one of the acrid narcotics, of which there are several in use, and in cases requiring an emetic, where there are certain pains and spasms, lobelia may be the best, but I am quite sure that in bilious derangements, antimony is better than lobelia or ipecac.

Lobelia greatly promotes the mucous secretion of the stomach, just as tobacco does that of the mouth. Hence those who take it generally vomit up much viscid, glairy matter, into which the Thomsonian doctors are in the habit of rolling the end of a stick, and then pulling up a rope of this matter some feet long, and calling to it the attention of the patient and those around, they remark, "No man could be well with such a lot of cold, heavy phlegm in his stomach as that. I thought it was there." And I have no doubt but that most of them honestly believe that this matter is in the stomach before the patient swallows the emetic, and are not aware of the fact, that lobelia may cause this matter to be vomited from a stomach that was in the most healthy condition.

In deciding on the question before us, my hearers, I trust you will consider that you ought not to fix your eye upon the most skilful man within your knowledge who calls himself a Thomsonian practitioner, and then on the most incompetent M.D., and say which of these two is the best doctor. Nor are you to say which is the best in a few certain diseases. You are to take a more general view of things than this. You are to decide on *systems*, in all their bearings, and not on individual practitioners. Although

the regulars are all raised pretty much in the same way, as well as pumpkins, still they differ as much as pumpkins. Some are noble, large and ripe, some are small, some are *green*, and some are *soft* and good for nothing; but it does not follow from this, that pumpkins, on the average, are no better than *mushrooms*—the growth of a night!

I will now relate to you what has fallen under my own observation in relation to Thomsonism, and I will do it extemporaneously; for I confess, that if I had it all written out here, I fear you would regard it as a mere story, made up for the occasion. I fear this, because I am one of the human species, not exempt from its infirmities, and the perusal of quacks' books and advertisements has long since convinced me, that, for the sake of gain, mankind (or a kind of men) *will lie like Sam Hill!*

TOBACCO, ITS EFFECTS IN DYSPEPSIA, ON THE MEMORY, AND ON LONGEVITY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I know an instance of a man in his 70th year, who has followed smoking for more than thirty years. He uses the pipe. I believe he first smoked for toothache, but was confirmed in the practice by a remark of Edward Daniel Clarke, LL.D., author of a book of Travels in Europe, Asia and Africa; and to whom is attributed the invention of the blow-pipe. Dr. Clarke observes to this effect, that *smoking is the best remedy for fatigue and indigestion.* This has been verified, so far as relates to the latter effect, in the case above alluded to, the individual having been in early and middle life afflicted with dyspepsia, complicated and severe, but is now completely free from any symptom of the kind, and enjoys excellent health, and vigor of body and mind.

Dr. Franklin somewhere informs us that he discontinued the use of tobacco, from its affecting his memory, by impairing it. It is very probable that this article, like other narcotics, and like aliments, condiments and drinks, affects different constitutions differently. But the following instance is so very different from Dr. Franklin's hypothesis, that I have thought fit to submit it to your consideration. It is abridged from an article in the Universal Biographical Dictionary.

Magliabecchi was Librarian to the Grand Duke of Tuscany, and editor of some scarce Latin authors. He died in 1714, at the age of 81. His name is very famous among the learned; but his prodigious memory was his distinguishing talent. A gentleman, to make trial of the force of his memory, lent him a manuscript which he was about to print. Some time after it was returned, the gentleman came to him with a melancholy face, and pretended it was lost. Magliabecchi being requested to write down what he remembered of it, *wrote the whole without missing a word, or varying the spelling!* The following is the conclusion of the article. "He lived upon the plainest and most ordinary food. He took *tobacco*, to which he was a *slave*, in excess, but was absolutely master of himself in every other particular."

The gentleman before mentioned, who thinks that tobacco cured him of dyspepsia, is not a *slave* to *tobacco*. On the contrary, he usually restricts himself to its use in the evening only; or at any rate, after his tea or last meal.

Whether or not the use of tobacco promotes longevity, is a mooted point. In some parts of the country I have learned that instances of sudden death have been imputed to smoking. From the great age of the Italian author, from whose biography we have quoted, it would not, in his case, appear to have shortened life. The number of persons in the United States, of 100 years old and upward, exceeds, in our 18,000,000 of inhabitants, the number in any other country on earth; at least so far as I have been able to ascertain. let their aggregate amount of population be what it may. We exceed China, with her 370,000,000, over 100 to 1!—they counting but 4 of that description, whilst we, by our census of 1830, had 676.

Of our centenarians, contrary to our former prepossessions at the North, it appears that a great majority pertain to the southern and slave States; and, as I am informed, many of them are blacks. Now tobacco, as every one knows, is in those States raised, not only for their own use, but largely for exportation, and is extensively used by all classes and colors.

The London Quarterly Review, in reference to an increase in the number of people of advanced age in Great Britain, mentions the universal introduction of tea, as one of the causes to which it is to be imputed; it being an opinion derived from the Chinese, that tea promotes longevity. But was tea the only cause, we should expect to find a preponderance of centenarians in the Celestial Empire, over the whole world; as tea is there produced and universally used.

To decide in what manner tobacco, by smoking, can possibly act as a remedial agent in dyspepsia, may be difficult; that is, admitting it so to be. When I first had the idea suggested, nothing could appear more improbable. But observation has made me a convert to the belief, in some cases. Now the smokers of the article are observed to discharge a greatly increased quantity of saliva; and where this discharge is remedial, it may be that its being discharged leaves the gastric juice more concentrated, more and better qualified to do its destined office in the process of digestion. Whereas, if it were swallowed, it might too much dilute and obtund that all-important agent in the digestive process.

The *rationale* may be viewed in another point of light, applicable both to indigestion and longevity. It is a remark derived from Lord Bacon, that *nothing contributes so much to longevity as frequent doses of gentle physic.* The well-known tendency of smoking to move the bowels is such, that I am disposed to think it is rare to find smokers habitually costive.

Dr. Rush was decidedly opposed to the use of tobacco in any form. Among his other dissuasives from its use, he mentions that no domestic animal will touch it; and of wild beasts, only one, of a mean and inferior kind, called the rock-goat, which will, however, feed upon it. Hence I have heard, in Philadelphia, the tobacco-chewer designated by the ap-

pellation of *rock-goat*. Dr. Rush relates an anecdote of the power which the article possesses of producing an acquired, unnatural and artificial appetite. He tells us that Gen. Arnold informed him, that in his disastrous march through Maine into Canada, in which his army suffered for want of clothes, food, bedding, shoes, and every other necessary of life, in an inclement season of an inclement climate, there was more complaint from the want of tobacco, than from all their other deprivations.

In conclusion I would remark, that the excessive practice of smoking cigars, in young men, is undoubtedly pernicious and highly prejudicial to health. Dr. Waterhouse, of Cambridge, many years past, thought that the frequency of consumption, in that class of persons, might be referred to this cause. And although dyspepsia may be remedied by a moderate smoking of the pipe in certain constitutions, I am disposed to think that the immoderate smoking of cigars tends directly to a contrary result.

Lebanon, Conn., March 16, 1846. I remain, Sir, yours, &c.

JOSEPH COMSTOCK.

A CASE OF TETANUS SUCCESSFULLY TREATED.

[THE following case, if correctly reported—and there seems no reason to doubt that it is so—is none the less valuable for the method of cure being similar to that which at the present time is so often used empirically. It is related by W. S. Preshaw, M.R.C.S. Ed., in the London Lancet for February 7.]

On Wednesday, 22nd Oct., 1845, I was requested to visit F. B——, aged 11 years, residing at George's Town. He complained of a slight stiffness of the neck; had pain and difficulty on moving his head, legs, &c. I inquired if he had sustained any injury. He said he had not. Ordered a smart purgative of calomel and jalap, a warm bath for twenty minutes, and an antispasmodic mixture of sulphuric ether and tincture of opium. Towards evening the rigidity of the muscles of the head and neck increased, attended with difficulty in swallowing, tightness about the chest, and inability to move the jaw; the teeth were firmly set, almost every muscle quite rigid, and the spine bent into an arch, leaving no doubt as to the nature of the case. The boy still denied having received any injury. Ordered the spine to be well rubbed with a strong liniment, and the warm bath to be repeated. Next day the boy told me, that, on the previous Saturday (18th Oct.), while stooping at play, a person struck him with a stick over the loins. He did not seem to have felt it much at the time, but the day following said that he felt as if unable to move his legs. Examined the spine, no mark of injury, but he complained of a slight tenderness over the lumbar region of the spine. Ordered nine ounces of blood to be removed by the cupping-glass from the spot where he seemed to feel most pain. No relief. Next day ordered a dozen leeches to the same place, and a large blister along the spine. The symptoms not relieved. The warm bath as before. Unloaded the lower bowels by a saline enema, and gave an opiate. Next day to administer two

grains of calomel every three hours, with a view to affect the mouth; continued for forty-eight hours, and, although aided by the copious use of strong mercurial ointment rubbed in inside the thighs, failed in producing the desired effect. Leeches again to the spine. Acted on the bowels by a dose of croton oil, and then administered the oil of turpentine by the mouth, and as an enema. After a due trial this failed. Ordered a blister to the lumbar region of the spine, and two grains of the muriate of morphia to be sprinkled over the blistered surface, and gave the solution in large doses, and at short intervals, but without the least benefit. Several medical friends attended with me, and the above means were persevered in for three weeks. The patient was rapidly sinking from want of nourishment, &c. A physician who had seen the case kindly sent me the Lancet, of 22d March, 1845, in which there is a case recorded by J. W. Stapleton, Esq.. "On the Administration of Intoxicating Doses of Alcohol in Tetanus"; but the result not being favorable, I declined this mode of treatment. I had thought of the Indian hemp, but the conclusions of Dr. Lawrie, of Glasgow, after having tried it in twenty-six cases, gave me little confidence in it.

I was, however, inclined to try belladonna, or arnica, when the friends desired a consultation with a French physician. He advised a trial of the hydropathic treatment. Many difficulties presented. The patient was at a distance from my house: I could not receive him there, nor had I liberty to treat him at the public hospital, and the system, to be fairly tried, required more favorable circumstances than those in which the boy was placed. However, I at once enveloped him in a linen sheet, well wrung out of cold water. Over this I placed three or four good blankets, &c., so as to exclude the air, and prevent evaporation. Kept the patient in this condition for an hour, by which time the temperature of the sheet was 100° Fahr. The coverings were removed, and the patient plunged into a cold bath, rubbed quite dry, and enveloped in dry blankets for six hours, during which time he perspired very freely, and slept soundly, and said he "felt quite *slack*." Repeated the cold bath while in a state of profuse perspiration, and, after an interval of an hour, the wet sheet and subsequent cold bath. This was repeated every six hours, and after twenty-four hours, the jaw relaxed a little, and the spine became less bent. I now placed him under the douche for three minutes, the water falling from a height of twenty feet, and in a stream of one inch and a half in diameter. Dried and enveloped in the blankets as before. Able to open the mouth a little. Ordered the sheet and cold bath as before, and ten days from the commencement of the treatment, every symptom yielded, and the boy is now quite well. It cannot be said that "cold water" is a new remedy in such cases, for Dr. Cullen, in his "First Lines of the Practice of Physic," published in 1796, p. 341, observes, "The administration of it is sometimes by bathing the person in the sea, or, more frequently, by throwing cold water from a basin or bucket upon the patient's body, over the whole of it. When this is done, the body is carefully wiped dry, wrapped in blankets, and laid in bed, and, at the same time, an opiate is given, and, by repeating this, the patient is often

quickly cured." Believing the douche to be a decided improvement on the bucket of water, and the wet sheet on the opiate (for its effects are most soothing), I would crave for this case a corner in your valuable Journal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 1, 1846.

Foreign Lunatic Asylum Reports.—Through the polite attentions of Mr. J M. Barnard, we have been put in possession of various annual reports and statistical documents, illustrative of the present condition of most of the public and private institutions for the reception of lunatics in England. For example, 1st, that of the Asylum for the County of Lancaster, instituted July, 1816, of which Edward D. De Vitre, M.D., and Samuel Gaskell, are medical officers. 2nd, the Seventh Annual Report of the Suffolk Lunatic Asylum; John Kirkman, M.D., medical superintendent. 3d, the Twenty-ninth Report of the Directors of the Dundee Royal Asylum for Lunatics; Patrick Nimmo, M.D., and Alexander Macintosh, M.D., medical officers. 4th, the Seventy-second Report of the visiting justices of the County Lunatic Asylum, at Hanwell; J. Connolly, M.D., physician. 5th, the Twenty-fifth Report of the Directors of the West-Riding of York, Pauper Lunatic Asylum; C. C. Corsellis, M.D., medical director. 6th, Report of the Committee of the York Lunatic Asylum; Dr. Simpson, physician. 7th, Statement of the Visiting Committee of the County Lunatic Asylum, near Gloucester; Hardwick Shute, M.D., visiting physician, and John Barron, M.D., F.R.S., resident physician and superintendent. 8th, Report of the Kent County Lunatic Asylum. 9th, Eighteenth Report of the Warneford Asylum, on Headington Hill; superintending physician, J. A. Ogle, M.D. 10th, Leicester County Lunatic Asylum, of which Mr. Prosser is house surgeon and superintendent. 11th, Cornwall Lunatic Asylum; Dr. Daniel F. Tyerman, medical superintendent. 12th, the Twenty-sixth Report of the Visiters of the Staffordshire General Lunatic Asylum, of which Dr. Knight is physician, and Dr. Wilkes resident surgeon and superintendent.

In looking over these various pamphlets and tabular details, we have been forcibly struck with the liberality of individuals, to sustain some of these establishments; and on the other hand, it is quite certain that the lunatic asylums in the United States are fully equal to the pattern institutions of the mother country in all that is conducive to the daily comfort of the patients.

Brodie's Clinical Lectures on Surgery.—To recommend anything from such a source as the author of the work to which these remarks refer, would be altogether out of place. Where, in the civilized world, has not the name of Sir Benjamin C. Brodie been known? Industry, close observation, tact, and a nice discrimination, are the leading characteristics

of this gentleman's character. Whatever he writes or says, as a public teacher, has always commanded the respectful attention of the profession.

His clinical lectures, according to the preface in this volume, have been almost unavailable, in consequence of being scattered through the pages of periodicals. They have appeared in the Medical News, arranged, not perhaps in the best manner, but in a form convenient for reference, compared with any former condition. With a little modification, thirty-nine lectures have taken the form of a neat, cheap volume, which Messrs. Lea & Blanchard, Philadelphia, are furnishing at their usually reasonable price. The lectures on varicose veins, diseases of the hip joint and hemorrhoids, are exceedingly valuable.

Defence of the Medical Profession in the United States.—A valedictory address to the graduating class at the medical commencement in the University of New York, so recently as the 11th of March, by Martyn Paine, M.D., one of the faculty, is published. It exhibits unusual vigor and foresight in regard to the future prospects of the profession in these United States. Dr. Paine seems never weary, but writes on from year to year, with a spirit and determination, on whatever subject his active mind is brought to bear, that is quite surprising to those who reflect upon the amount of literary labor he has accomplished. The caustic touches he applies to Dr. J. N. Davis, of Binghamton, N. Y., must tingle like potash on an abraded surface. Without exactly agreeing with Dr. Paine, in the matter of the hopper, we acknowledge the ingenuity of the argument and his skill in dissecting Dr. Davis's report. As the discourse is strictly original, and keen as one of the author's own lancets, it is likely to have an extensive circulation.

Diseases of Tahiti.—Population, it seems, from some undefined cause, has strangely decreased both at Tahiti and Eimeo, since the elements of civilization were introduced. The remains of the old crime of infanticide, new diseases through intercourse with white men, and a sudden transition from a savage to a semi-civilized state, have certainly had an influence. According to Capt. Wilkes, the births and deaths are nearly equal, and therefore there is a queer state of things—viz., a nearly stationary population. Tahiti, says Capt. Wilkes, "does not appear to be afflicted with many diseases. Some have been introduced by foreign ships, and among others, the venereal, from which the natives suffer much, being in possession of no method of arresting its ravages, and ignorant of the proper mode of treating it. In connection with this subject, the want of a physician as a part of the missionary establishment, struck me as an instance of neglect in its managers, and I was surprised to hear that the London Society did not employ any medical men."

The effects of spirit and ava, in the opinion of Capt. Wilkes, have been disastrous. He remarks that secondary syphilis, sometimes, is tremendously severe, although mitigated considerably by their plain vegetable diet and frequent baths.

Address to Medical Graduates.—D. D. Barnard, Esq., President of the Board of Trustees of the Albany Medical College, on the day of com-

mencement, Jan. 27th, addressed the graduates in a manner well calculated to command their respect. A leading point was, their obligations to society, accompanied by such references as would naturally be suggested to an active, comprehensive intellect, like the speaker's, in regard to maintaining the dignity of the profession by being familiar with all the improvements and discoveries of the age, as they are brought to notice. Mr. Barnard certainly exhibits a familiar knowledge of the elements of a successful medical career, and therefore under the circumstances in which he stood, as president of the Corporation, was just the person to deliver this discourse. We congratulate him on his eminent sucess.

Dr. Knowlton's Discourse.—Readers are referred to Dr. Knowlton's lecture on Quackery, in the Journal of to-day. Dr. K. is a fearless writer, who, like a bold general, dashes into the very midst of the enemy, and cuts and hews his way through their ranks with irresistible power.

Medical Lectures at Washington.—The Medical College at Washington is not retrograding; another winter the institution will be able to offer much stronger inducements for medical students to stop in Washington, than in years past. All the professors are now experienced in lecturing,—the chairs are well supplied with materials for illustration. The museum is much improved, particularly in the anatomical department. This has been enriched recently by many most valuable models and plates, besides dissections illustrative of minute anatomy, particularly of the nervous system.

A hospital, which is attached to the college, is in successful operation. The addition of the sisters of charity, as nurses, is a most important one, to commence soon. The professors feel sanguine of the success of the institution—and why should it not succeed?

Delegates to the Proposed Medical Congress.—It was unanimously resolved by the New York Medical and Surgical Society, at a recent meeting, that the Society do approve of the call of a State Medical Convention, to be convened in this city (New York), in the month of May next. It was also unanimously resolved to send delegates, and, accordingly, three delegates have been appointed to represent this respectable association in the convention.

Register of the Weather at Richmond, Va.—Dr. Wilder furnishes the following respecting the last winter at Richmond. The record of the thermometer has been accurately taken between 6 and 7 A. M. and 6 and 7 P. M., on Shockoe Hill, Richmond, Va.

2 Coldest days in January,			1846—19th,	22	above zero.
"	"	"	23d,	22	" "
2 Warmest	"	"	30th,	60	" "
"	"	"	31st,	64	" "
2 Coldest days in February,			26th,	18	" "
"	"	"	27th,	14	" "
2 Warmest	"	"	11th,	59	" "
"	"	"	17th,	47	" ".

"Four fifths of my register for the above two months is between 30 and 45. That 'distinguished inhabitant' reports this as the coldest, and having the most snow, of any winter in his recollection."

Latin Prescriptions.—We think we perceive pretty clear indications that Latin prescriptions, in the United States, at least, are going out of vogue. They are still defended by a few, but the great majority of physicians feel that they are a relic of the pedantry of ancient times, when medical books were written, and medical correspondence and examinations carried on, in Latin. They are ridiculous, because, as a general rule, they are neither Latin nor English, but a mongrel of the two. They are hurtful to the profession, by maintaining about it that air of mystery and mummery which rendered it, for long ages, the butt of the world It must be the wish of every sensible man to see it divested of everything that bears any resemblance to humbuggery.—*West. Jour. of Med. and Surg.*

Memphis Medical School.—The papers of Tennessee announced, some time ago, that a charter had been obtained for a Medical School in Memphis. A few days since we saw a letter from a physician of that city, from which it appears that arrangements are in progress for putting the school into early operation. He spoke of having obtained a charter, but did not mention who were to be his associates in the enterprise. Memphis promises to become a great city at some future day, and doubtless will be the seat of a flourishing school of medicine. The immediate success of the projected institution will depend upon the character and extent of its equipments.—*Ibid.*

Foreign Medical News.—Sir B. Brodie has resigned his seat in the Council of the College of Surgeons. Mr. Green will be elected examiner in his place.—Mr. Wade and Mr. G. Cooper have been elected vaccinators, in the room of Mr. Carpue, deceased.—The Committee of the Society for improving the Condition of the Insane have awarded their second prize of ten guineas to George Wilson, Esq., Surgeon, of Leeds, for an "Essay on the Pathology and Treatment of Puerperal Mania."—*Lancet*

Medical Society of Missouri.—The following persons were appointed delegates to represent the Society in the National Convention, to assemble in New York on the first Monday in May next. Drs. W. M. McPheeters, James Sykes, J. B. Johnson, Thos. Reyburn, J. V. Prather, B. B. Brown, Chas. A. Pope, and R. B. Chase.—*St. Louis Medical Journal.*

MARRIED.—Dr. Edward Hall of Boston, to Miss Harriet Robinson.—In New York, Dr. John W. Scott, to Miss J. H. Suydam.—Dr. Edwin N. Chapman, Brooklynn, N. Y., to Miss M. A. Reed.

Report of Deaths in Boston—for the week ending March 24th. 40—Males. 20, females. 20. Stillborn. 5. Of consumption. 13—smallpox, 5—croup, 1—lung fever, 2—inflammation of the brain, 2—dropsy, 2—tropsy of the chest, 1—spasms, 1—disease of the bowels, 1—measles, 1—apoplexy, 1—dropsy of the brain. 3—paralysis, 1—disease of the heart, 1—child bed, 1—brain fever, 1—convulsions, 1—old age, 1—drowned, 1.

Under 5 years, 11—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 4—over 60 years, 3.

M. Bricheteau on the Antagonism of Ague and of Pulmonary Consumption.—This question has been much discussed of late by French medical practitioners, as our readers are well aware. M. Bricheteau, Physician to the "Hopital Necker," analyzes the various communications that have appeared on the subject, including documents from various parts of Algeria, from Bourdeaux, Strasbourg, Lyons, the department of the Ain, Rochefort, Rome, &c.—all localities in which intermittent fever is rife—and appears to come to the conclusion that there cannot be said to be antagonism between the two diseases—that is, exclusion of the one by the other; although the circumstances which favor the development of intermittents may be, and in all probability are, unfavorable to the development of phthisis. M. Bricheteau thus concludes his remarks:

"Although, on examining these diseases, we do not find incompatibility between the causes of phthisis and intermittent fevers, it is impossible not to recognize, either in the climate of marshy districts, or in the influence of marshy miasmata over the economy, conditions favorable to tubercular patients. Our knowledge of this fact is to be referred to the authors of the labors which we have enumerated. But instead of calling to our assistance some antagonizing tendencies, would it not be possible to account for this kind of prophylaxy, by attributing it to the moist uniform heat which reigns in some marshy districts, and which, by favoring the development of fever, may impede that of pulmonary tuberculization. Does not this appear proved by what takes place at Strasbourg, where the climate being both damp and cold, the town is ravaged by intermittent fever and by phthisis; whereas the more southern departments of L'Ain, La Niévre, Le Var, &c., are decimated by intermittent fevers, but offer very few phthisical patients? We may also add, that it is impossible to deny that in all countries intermittent fevers preserve from other affections. The Dutch appear to be aware of this fact, as Boerhaave informs us that they are in the habit of congratulating themselves on the return of their fevers. The same Boerhaave, along with Hoffmann, Lancisi and Sydenham, thought that intermittent fevers freed us from various diseases, and even predisposed to longevity: 'Febres intérmittentes, nisi malignæ, ad longevitatem disponunt, et depurant ab inveteratis malis' Some recent writers think that typhus fever is rarely met with in countries ravaged by intermittents."—*London Lancet.*

London Fever Hospital.—The annual meeting of the supporters of this Hospital was lately held at the Freemasons' Tavern, Great Queen street—the Earl of Devon, the President, in the chair. From the report, read by Dr. Southwood Smith, one of the medical officers, it appears that the number of patients remaining under treatment on the 31st of December, 1844, was 51, since which time 559 had been admitted, making a total of 610. Of that number, 451 had been discharged, and 77 had died. The total admitted since the establishment of the institution was 17,949. The subscriptions, &c., in support of the hospital, amounted during the year to £1264, and the expenses to £1610. The report having been adopted, and the Earl of Devon re-elected president, the meeting separated.—*London Morning Chronicle.*